2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42640

FILED Feb 09, 2009 Secretary of State

Entity Name: ROTARY CLUB OF SUNTREE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7400 N. WICKHAM RD.

MELBOURNE, FL 32940 US

Current Mailing Address: New Mailing Address:

P O BOX 410278

MELBOURNE, FL 329410278 US

FEI Number: 59-3103867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IANNAZZI, LOU ERICKSON, JAN

7987 BRADWICK WAY

MELBOURNE, FL 32940 US

300 SANDHURST DRIVE
MELBOURNE, FL 32940 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAN ERICKSON 02/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PRES (X) Change () Addition

 Name:
 MIKE, MCGIRR
 Name:
 BETTIN, ANN P

 Address:
 P.O. BOX 410278
 Address:
 P.O. BOX 410278

 City-St-Zip:
 MELBOURNE, FL 32940
 City-St-Zip:
 MELBOURNE, FL 32940

Title: SD () Delete Title: SEC (X) Change () Addition Name: IANNAZZI, LOUIS Name: ERICKSON, JAN

Name: IANNAZZI, LOUIS Name: ERICKSON, JAN
Address: 7987 BRADWICK WAY Address: 300 SANDHURST DRIVE
City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32940

 Title:
 TD
 () Delete
 Title:
 TREA
 (X) Change () Addition

 Name:
 MCGIRR, MICHAEL
 Name:
 NABERHAUS, TERRY DOCTOR

 Address:
 501 KIMBERLY DR.
 Address:
 8165 TROPICAL TRAIL

Address: 501 KIMBERLY DR. Address: 8165 TROPICAL TRAIL
City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MERRITT ISLAND, FL 32952

 Title:
 PS
 () Delete
 Title:
 PPRE
 (X) Change () Addition

 Name:
 CASTELLO, PETER
 Name:
 SHANKLE, PATRICIA

Address: 1519 CYPRESS TRACE DR Address: 47 SORRENTO COURT
City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: SATELLITE BEACH, FL 32937

Title: PVD () Delete Title: PELE (X) Change () Addition

Name: SHANKLE, PATRICIA Name: SLOVER, WILLIAM
Address: P.O. BOX 410278 Address: 4795 QUAEL RUN PLACE
City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN P. BETTIN PRES 02/09/2009